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## \*BIBDATASHEET\*

CONFIRMATION NO. 9570

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/800,926	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> P01936US06
<b>APPLICANTS</b> William E. Marshall, Naples, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/883,550 06/18/2001 which is a CON of 09/193,653 11/17/1998 ABN which is a CIP of 08/739,264 10/29/1996 PAT 5,840,318 which is a CIP of 08/517,016 08/18/1995 ABN * which is a CIP of 08/376,175 01/20/1995 ABN which is a CIP of 08/059,745 05/11/1993 ABN (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/29/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 32
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 22885				
<b>TITLE</b> OLIGORIBONUCLEOTIDES ALERT THE IMMUNE SYSTEM OF ANIMALS TO THE IMMINENCE OF MICROBIAL INFECTION				
<b>FILING FEE RECEIVED</b> 793	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	